



License Transactions:

99 Restaurants of Boston, LLC

The applicant is seeking a change of Manager on their alcoholic beverages license to Pamala Abrantes.

MOTION to approve the request by 99 Restaurants of Boston for a change of Manager to Pamala Abrantes.

DATED: _____, 2016

VOTED:

UNANIMOUS _____

YES _____ **NO** _____

ABSTAIN _____

ABSENT _____

A True Record Attest:

Teresa M. Burr
Town Clerk

Judith Pond Pfeffer, Clerk
Franklin Town Council



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

Print Form

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
MONETARY TRANSMITTAL FORM**

**APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL
LICENSING AUTHORITY.**

ECRT CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER 01109142

IF USED EPAY, CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY) 043000063

LICENSEE NAME 99 Restaurants of Boston, LLC

ADDRESS 847 West Central Street

CITY/TOWN Franklin STATE MA ZIP CODE 02038

TRANSACTION TYPE (Please check all relevant transactions):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Cordials/Liqueurs Permit | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Transfer of License |
| <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Issuance of Stock | <input type="checkbox"/> New Stockholder | <input type="checkbox"/> Transfer of Stock |
| <input type="checkbox"/> Change of License Type | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Wine & Malt to All Alcohol |
| <input type="checkbox"/> Change of Location | <input type="checkbox"/> More than (3) \$15 | <input type="checkbox"/> Pledge of License | <input type="checkbox"/> 6-Day to 7-Day License |
| <input checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> New License | <input type="checkbox"/> Seasonal to Annual | |
| <input type="checkbox"/> Other | | | |

**THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH THE
CHECK, COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:**

**ALCOHOLIC BEVERAGES CONTROL COMMISSION
P. O. BOX 3396
BOSTON, MA 02241-3396**



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission

☐ For Reconsideration

LOCAL LICENSING AUTHORITY REVIEW RECORD

043000063

ABCC License Number

Franklin

City/Town

08/25/2016

Date Filed with LLA

TRANSACTION TYPE (Please check all relevant transactions):

- | | | |
|---|--|--|
| <input type="checkbox"/> New License | <input type="checkbox"/> Pledge of Collateral (i.e. License / Beneficial Int | <input type="checkbox"/> Change Corporate Name |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of DBA |
| <input checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of Category (i.e. All Alcohol / Wine and Malt) |
| <input type="checkbox"/> Change of Beneficial Interest | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) |
| <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) |

APPLICANT INFORMATION

Name of Licensee 99 Restaurants of Boston, LLC

D/B/A 99 Restaurant & Pub

ADDRESS: 847 West Central Street

CITY/TOWN: Franklin

STATE MA

ZIP CODE 02038

Manager Pamala Abrantes

\$12 Restaurant

Annual

All Alcoholic Beverages

Type
(i.e. restaurant, package store)

Class
(Annual or Seasonal)

Category
(i.e. Wines and Malts / All Alcohol)

Granted under Special Legislation? Yes ☐ No ☒

If Yes, Chapter
of the Acts of (year)

LOCAL LICENSING AUTHORITY DECISION

Please indicate the decision of the
Local Licensing Authority:

Approves this Application

Please indicate what days and hours
the licensee will sell alcohol:

Mon-Wed: 8am-12pm,
Thur-Sat: 8am-1am, Sun:
10am - 12am

If **Approving With Modifications**, please indicate below what changes the LLA is making:

Please indicate if the LLA is
downgrading the License
Category (approving only Wines
and Malts if applicant applied for All
Alcohol):

No

Changes to the Premises Description

Patio/Deck/Outdoor Area
Total Square Footage

Seating Capacity

Indoor Area
Total Square Footage

Number of Entrances

Number of Exits

Floor Number	Square Footage	Number of Rooms

Abutters Notified: Yes ☐ No ☒

Date of Abutter
Notification

Date of
Advertisement

Please add any
additional remarks or
conditions here:

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

Judith Pond Pfeffer,
Clerk,
Franklin, Town Council

Date APPROVED by LLA

☐ Check here if you are attaching additional documentation



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

MANAGER APPLICATION

All proposed managers are required to complete a **Personal Information Form**,
and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee:	99 Restaurants of Boston, LLC	Business Name (dba):	99 Restaurant & Pub
Address:	847 West Central Street		
City/Town:	Franklin	State:	MA
		Zip Code:	02038
ABCC License Number: (If existing licensee)	043000063	Phone Number of Premise:	508-520-9909

2. MANAGER INFORMATION:

A. Name:	Pamala Abrantes	B. Cell Phone Number:	617-356-5389
C. List the number of hours per week you will spend on the licensed premises:	50		

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	B. Date of Naturalization:		C. Court of Naturalization:	
(Submit proof of citizenship and/or naturalization such as U.S. Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)					

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe: <input type="text"/>	
B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe: <input type="text"/>	
C. Have you ever been the Manager of Record of a license that was issued by this Commission?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe: <input type="text"/>	
D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):	
<div style="border: 1px solid black; padding: 10px; min-height: 100px;">2002 - 2016, 99 Restaurant of Boston, LLC, 4 Gill St., Woburn, MA 01801 2006-2016, General Manager, 781-933-8999</div>	

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

Date 08/03/2016



Commonwealth of Massachusetts
United States of America

CERTIFICATE OF BIRTH

From the Records of Births in the City of Attleboro, Massachusetts, U.S.A.

Full Name of Child	Pamala Elizabeth Vieira		
Date of Birth	November 10, 1980		
Sex and if Twin	Female		
Place of Birth	Attleboro, MA		
Residence of parents	Pawtucket, RI		
Name of Father	William David Vieira, Sr.		
Occupation of Father	Program Analyst		
Birthplace of Father	Pawtucket, RI		
Maiden Name of Mother	Rose Mary Kirylo		
Birthplace of Mother	Attleboro, MA		
Date of Record	November 20, 1980	Page 135	No 869

I, Stephen K. Withers depose and say that I hold the office of City Clerk of Attleboro, County of Bristol, and Commonwealth of Massachusetts; that the records of Births, Marriages and Deaths in said City of Attleboro and in my custody, and that the above is a true extract from the Records of Births in said City, as Certified by me

Witness my hand and the Seal of Said City of Attleboro

25th day of August 2016

City Clerk

Additional Space

Please note which question you are using this space for.

99 RESTAURANTS OF BOSTON, LLC SECRETARY CERTIFICATION

I, the undersigned, Goodloe Partee, General Counsel and Secretary for 99 Restaurants of Boston, LLC, (the "Company"), hereby certify and confirm the following in my capacity as an Secretary of the Company:

- (i) The Company's Action Take on Written Consent By the Sole Member (the "Resolution") was duly adopted in accordance with all of the operative documents of the Company, remains in full force and effect, and has not been amended, modified or supplemented;
- (ii) Pamela Abrantes, is the duly designated and appointed General Manager of the '99 Restaurants' located at 847 West Central Street, Franklin, MA 02038. Her designation and appointment were made consistent with the terms and conditions of such Resolution; and
- (iii) In her capacity as General Manager, Pamela Abrantes, has authority to sign any and all alcohol renewal documents, applications, permits and licenses as she should, in her judgment, deem fit and proper and in the best interest of the Company.

IN WITNESS WHEREOF, the undersigned has executed this Secretary Certification for the purposes of evidencing its consent and certification to the foregoing.

By: 

Name: Goodloe Partee

Title: General Counsel and Secretary



The Commonwealth of Massachusetts
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239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee	99 Restaurants of Boston, LLC	B. Business Name (dba)	99 Restaurant & Pub	
C. Address	847 West Central Street	D. ABCC License Number (If existing licensee)	043000063	
E. City/Town	Franklin	State	MA	Zip Code 02038
F. Phone Number of Premise	508-520-9909	G. EIN of License	82-0573657	

2. PERSONAL INFORMATION:

A. Individual Name	Pamala Abrantes	B. Home Phone Number	617-356-5389	
C. Address	171 Holmes Rd			
D. City/Town	North Attleboro	State	ma	Zip Code
E. Social Security Number	C	F. Date of Birth	11/10/1980	
G. Place of Employment	99 Restaurant			

3. BACKGROUND INFORMATION:

Have you ever been convicted of a state, federal or military crime?

Yes ☐ No ☒

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

none

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.

***If additional space is needed, please use the last page**

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

Date

8/3/2016

Title

GMP

(If Corporation/LLC Representative)



Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street, First Floor
Boston, MA 02114

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: (IF EXISTING LICENSEE)	43000063	LICENSEE NAME:	99 Restaurants of Boston, LLC	CITY/TOWN:	Franklin
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APPLICANT INFORMATION

LAST NAME:	Abrantes	FIRST NAME:	Pamala	MIDDLE NAME:	Elizabeth			
MAIDEN NAME OR ALIAS (IF APPLICABLE):	Vieira	PLACE OF BIRTH:	Attleboro Ma					
DATE OF BIRTH:	11/10/1980	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Kirylo	DRIVER'S LICENSE #:	s	STATE LIC. ISSUED:	Massachusetts			
GENDER:	FEMALE	HEIGHT:	5	6	WEIGHT:	160	EYE COLOR:	Brown
CURRENT ADDRESS:	171 Holmes Rd							
CITY/TOWN:	north attleboro	STATE:	ma	ZIP:	02760			
FORMER ADDRESS:	356 Mendon re							
CITY/TOWN:	South Attleboro	STATE:	ma	ZIP:	02703			

PRINT AND SIGN

PRINTED NAME:	Pamala Abrantes	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this	August 11 th 2016	before me, the undersigned notary public, personally appeared	Pamela Abrantes
(name of document signer), proved to me through satisfactory evidence of identification, which were		drivers license.	
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.			
		 NOTARY	

DIVISION USE ONLY

REQUESTED BY:	
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE	

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 660-4614.

EMILY VIANA
Notary Public
Commonwealth of Massachusetts
Commission Expires February 24, 2023